Name in Full

Certificate of Death

Paul Ballard

Died at Town Pocomoke City County Worcester MARYLAND

Date 189 9 Month 11 Day 7 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 145-a

Cause of Death { Primary killed by discharging of | How long sick

Immediate a gun | Accident, ~~Suicide, Homicide~~

Reported by Advocate 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full James Birch

Certificate of Death

Died at Town Dronshire County Worcester MARYLAND

Date 189 9 Month 11 Day 23 | Age Y. 68 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Wife Elizabeth Birch

Father's Name

Mother's Name 19

Causa of Death { Primary Malarial fever | How long sick

Immediate " | Accident, Suicide, Homicide

Reported by Dr John F Hamed

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

James E Wise Jon

H.D

Name in Full — Bonneville

Certificate of Death

Died at Town Pocomoke City County Worcester MARYLAND

Date 189 Month 11 Day 22 | Age Y. 17 M. D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: drowned 148 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle 12-1

Address [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: William Fleming Bowen

Certificate of Death

Died at — Town: Berlin — County: Wheeler — MARYLAND

Date 189 9 — Month 11 — Day 9 — Age Y. 31 M. D. — Native of: end — Occupation: Cashier

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of: ——

Father's Name: William — Mother's Name: Mary

Cause of Death — Primary: Consumption — How long sick: 2 years

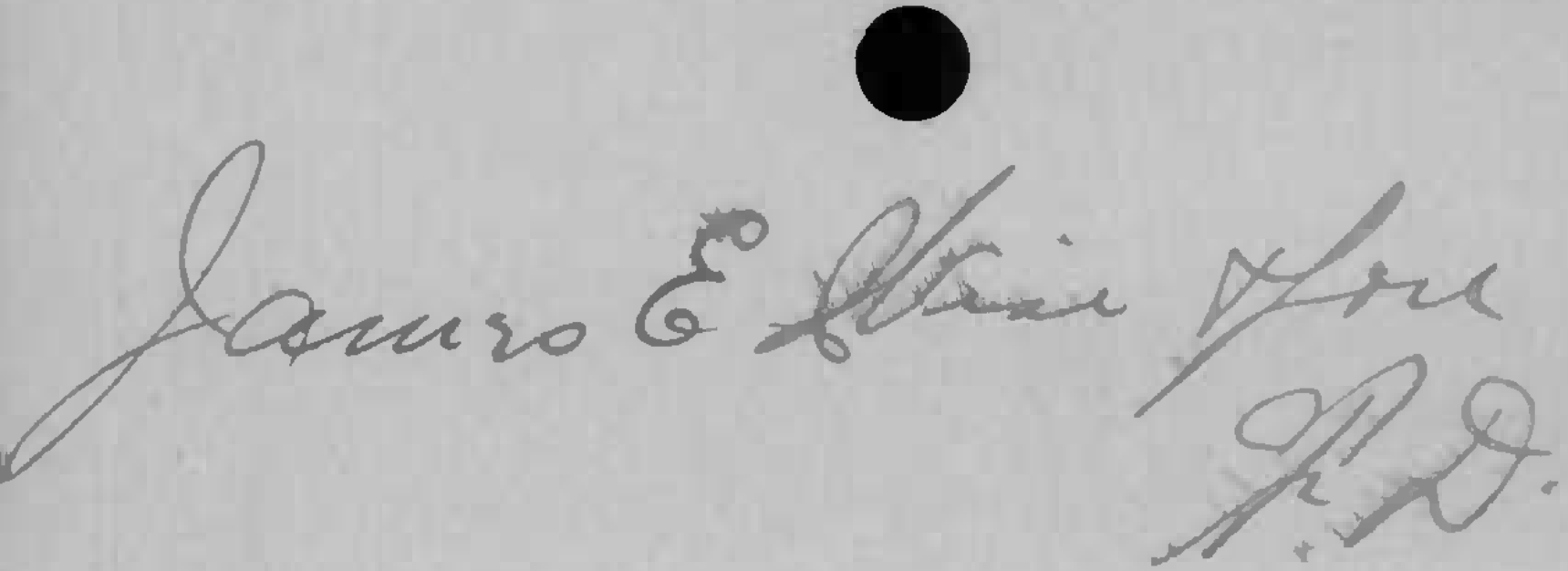
Immediate: " 22a — Accident, Suicide, Homicide

Reported by: Green Pruitt

Address: Berlin — End

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

James Fountain Burke

Town: Whitesburg — County: Worcester — MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
November	15th	84			United States	Farmer

Date 1899

Age

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living

Husband of Wife: Patty H. Burke

Father's Name: John Burke

Mother's Name: Jeanie Burke

Cause of Death — Primary: 141

Immediate: Old Age

How long sick

Accident, Suicide, Homicide

Reported by: W. E. Stockton

Address: Whitesburg Somerset Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. Gaston

of Pocomoke City

Information contained in this certificate

ceived from Family

of Whittelsburg

Name in Full

Certificate of Death

Died at (1) Town County MARYLAND

Date 189 Month Day | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Irving T. Matthews

Certificate of Death

Died at Town Snow Hill County Wor. MARYLAND

Date 1899 Month Nov Day 22 Age Y. 71 M. 9 D. 19 Native of Md. Occupation Cashier Bank

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Sarah Matthews

Father's Name Ephraim Matthews Mother's Name Leah Matthews

Cause of Death Primary 58 How long sick one week

Immediate Angina Pectoris ~~Accident, Suicide, Homicide~~

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889

Attended by Dr. Straughn

of Snow Hill

Deputy Coroner

of

Information contained in this certificate re-

ceived from Wm C Bratten

of Snow Hill Md

Name In Full

Mrs John E. McCabe

Certificate of Death

Died at Town: near Berlin County: Worcester MARYLAND

Date 189 9 — Month 11 Day 11 — Age Y. 50 M. D. — Native of Maryland — Occupation Farm wife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living none

~~Husband of~~ Wife John E McCabe

Father's Name Power

Mother's Name unknown

Cause of Death — Primary: Carcinoma of throat — How long sick: 1 Year

Immediate: 25.9

Accident, Suicide, Homicide

Reported by Edwin J Duncan

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full Isaac J. Pitts

Certificate of Death

Town Berlin County Worcester

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	1	20	Age 16	6	24	Md	None

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Joshua Pitts Mother's Name Mary Pitts

Cause of Death: Primary Dropsy — How long sick One year

Immediate Consumption, 22d — Accident, Suicide, Homicide

Reported by Ebe Hellems

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Charlotte Robbins

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month 11 Day 23 Age Y. 56 M. About D. Native of Md Occupation Matron

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Edw Robbins

Father's Name Unknown Mother's Name Unknown

Cause of Death Primary Paralysis 44 How long sick Several Mos.

Immediate " Accident, Suicide, Homicide

Reported by Ebe Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

John W. Shockley

Died at Town: Long Ridge County: Worcester MARYLAND

Date 189 6 Month: Nov. Day: 23 | Age Y. 3 M. - D. 2 | Native of Maryland | ~~Occupation~~

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | D~~ivorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Leander F. Shockley

Mother's Name Mary E. Shockley

Cause of Death: Primary — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Geo. L. Hill

Address Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70108

Attended by Dr. Wm D. Strughn

of Snow Hill

Md.

Seen by Coroner _____

of _____

Information contained in this certificate received from John H. Shockley

of Long Ridge

Name In Full: Linda Spence

Certificate of Death

Died at — Town: Berlin — County: Worcester — MARYLAND

Date 1899 — Month: 11 — Day: 4 — Age: Y. M. D. About 53 years — Native of: Md — Occupation: Mother

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife: Robt Spence

Father's Name: ——— Mother's Name: ——— 90

Cause of Death — Primary: Cirrhosis of Liver — How long sick: Several months

Immediate: Ascites — ~~Accident, Suicide, Homicide~~

Reported by: Ebe Holland

Address: Berlin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Md

LIBRARY BUREAU, 79[illegible]

Name in Full Chas R. Sturgis

Certificate of Death

Died at Town Snow Hill County Worcester MARYLAND

Date 1899 Month Nov Day 4th Age Y. 82 M. - D. 24 Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Henrietta Sturgis

Father's Name Thos Sturgis Mother's Name Sallie Sturgis

Cause of Death Primary Paralysis 44 How long sick 4 days

Immediate Paralysis ~~Accident, Suicide, Homicide~~

Reported by Paul Jones M.D.

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Isaac Townsend

Died at Town: near Newark County: Worcester MARYLAND

Date 189 4 Month: Nov Day: 20 | Age Y. 66 M. D. | Native of Maryland | Occupation farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 6

Husband of

Wife

Father's Name

Mother's Nama

Cause of Death — Primary: 161 — How long sick: short time

Immediate — Accident, Suicide, Homicide

Reported by Curtis J Evans undertaker

Address Berlin Md

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. John T. Hammond

of Berlin md

Seen by Coroner

of

Information contained in this certificate received

from

of